

Equatorial coffee fundraising Form

Please fill out form completely. fax filled form to (fax: 978-253-2313)

All our coffee is offered in Quantities of 12 or 2 ounces

*Name of Organization _____

*Dates you plan to start the fundraising drive: _____

*Cause/organization you plan to fundraise for: _____

Number of people in the fund raising drive

Estimated Target Group (Age, Demographic) _____

Would you like fundraising tutorials/help? (Check one) (Yes) _____ (NO) _____

Lead Fundraiser/group leader info:

Contact name (first) _____ *(Last) _____

*Organization/school Address:

*City _____ *State (_____)

*Zip _____

*Main Phone contact: Area Code (_____) Number: _____

*Email Address:

*Fax _____

By signing below, you acknowledge Using Equatorial coffee, Co.simply to supply coffee and not responsible for the out come of the fundraising event:

Name : _____ **(Date):** _____